FY 2001 PPS PAYMENT IMPACT FILE

File Pos.	Format	Title	Description
1	$6.	Provider Number	Six character provider number, first two digits identify the State[1]
8	$40.	Hospital Name	From cost reports
49	4.	Average Daily Census (ADC)	From cost reports
54	4.	Number of Beds	From cost reports
59	8.2	Medicare Discharges	From 1998 MEDPAR file (adjusted for transfer cases)[2,3]
68	6.4	Case-Mix Index	Version 17 GROUPER (adjusted for transfer cases)[4]
75	6.4	Operating Cost of Living Adjustment	Applied to providers in Alaska and Hawaii for operating PPS
82	6.4	Capital Cost of Living Adjustment	Applied to providers in Alaska and Hawaii for capital PPS
89	9.7	Capital Outlier Percentage	Estimated capital outlier payments as a percentage of Federal capital PPS payments
99	7.5	Capital Cost-to-Charge Ratio	From Provider Specific File, ratio of Medicare capital costs to Medicare covered charges
107	9.7	Disproportionate Share (DSH) Patient Percentage	As determined from cost report and Social Security Administration (SSA) data
117	9.7	Capital DSH Adjustment Factor	Applied to Federal PPS payments
127	9.7	Operating DSH Adjustment Factor	Applied to operating PPS payments

137	8.2	Hospital-Specific Rate	Higher of 1982 or 1987 hospital-specific rates, updated through FY 2000 (Data for Sole Community Hospitals and Medicare-Dependent Small, Rural Hospitals) or blended rate of 1982 or 1987 and 1996 hospital specific rates (Data for Sole Community Hospitals).
146	$4.	Pre-Reclassification Metropolitan Statistical Area (MSA)	MSA where hospital is actually located, prior to any reclassification decisions by the Medicare Geographic Classification Review Board (MGCRB). Rural areas designated by two digit SSA State codes. [4]
151	$4.	Post-Reclassification FY 2000 MSA (Wage Index)	MSA used for wage index assignment after reclassification by the MGCRB.
156	$4.	Post-Reclassification FY 2000 MSA (Standardized Payment Amount)	MSA used for standardized amount assignment after reclassification by the MGCRB.
161	7.5	Operating Cost-to-Charge Ratio	From Provider Specific File, ratio of Medicare operating costs to Medicare covered charges
169	9.7	Operating Outlier Percentage	Estimated operating outlier payments as a percentage of operating PPS payments
179	2.	Provider Type	0 = Short term PPS hospital 7 = Rural Referral Center 8 = Indian hospital 14 = Medicare-Dependent, Small Rural Hospital 16 = Sole Community Hospital

			17 = Sole Community Hospital and Rural Referral Center 21 = Essential Access Community Hospital 22 = Essential Access Community Hospital/Rural Referral Center
182	7.5	Resident-to-ADC ratio	Used to calculate the indirect medical education (IME) adjustment for capital PPS payments
190	$1.	Reclassification Status	Indicates hospitals reclassified by the MGCRB N = Not reclassified R = Reclassified for the standardized payment amount W = Reclassified for the wage index B = Reclassified for the standardized payment amount and the wage index L = Reclassified under Section 1886(d)(8) of the Social Security Act
192	2.	Census Division	Based on pre-reclassification MSA assignment 1 = New England 2 = Middle Atlantic 3 = South Atlantic

			4 = East North Central 5 = East South Central 6 = West North Central 7 = West South Central 8 = Mountain 9 = Pacific 40 = Puerto Rico
195	6.4	Resident-to-Bed Ratio	Used to determine IME factor for operating PPS payments
202	9.7	Capital IME Adjustment	Based on resident-to-ADC ratio
212	9.7	Operating IME Adjustment	Based on resident-to-bed ratio
222	$6.	Pre-Reclassification Urban/Rural Location	Urban/rural designations based on geographic location prior to reclassification by the MGCRB LURBAN = Large urban area OURBAN = Other urban area RURAL = Rural area
229	$6.	Post-Reclassification Urban/Rural Location	Urban/rural designations after reclassification by the MGCRB (see pre-reclass urban/rural location for key)
236	6.4	Medicare Utilization Rate	Medicare days as a percentage of total inpatient days. (Data not available for all hospitals)
243	9.7	Capital Wage Index	Used to determine geographic adjustment factor
253	9.7	Operating Wage Index	Applied to labor-share of standardized amount

263	4.	Mileage to Nearest Hospital	Travel distance, used to determine eligibility for hospital-specific payments for reclassified sole community hospitals.
268	9.7	Puerto Rico Capital Wage Index	Used to adjust the Puerto Rico capital rate.
278	9.7	Puerto Rico Operating Wage Index	Used to adjust the labor portion of the Puerto Rico operating standardized amount.
289	8.2	Sole Community Hospitals Cost/Case for FY1996	Cost per Case for Sole Community Hospitals FY 1996
299	8.2	Old Hospital Specific Rate	FY 2000 Hospital Specific Rate updated to FY 2001(Data for Sole Community Hospitals).

Notes:

[1] SSA State Codes:

01	ALABAMA	19	LOUISIANA	37	OKLAHOMA
02	ALASKA	20	MAINE	38	OREGON
03	ARIZONA	21	MARYLAND	39	PENNSYLVANIA
04	ARKANSAS	22	MASSACHUSETTS	40	PUERTO RICO
05	CALIFORNIA	23	MICHIGAN	41	RHODE ISLAND
06	COLORADO	24	MINNESOTA	42	SOUTH CAROLINA
07	CONNECTICUT	25	MISSISSIPPI	43	SOUTH DAKOTA
08	DELAWARE	26	MISSOURI	44	TENNESSEE
09	DISTRICT OF COLUMBIA	27	MONTANA	45	TEXAS
10	FLORIDA	28	NEBRASKA	46	UTAH
11	GEORGIA	29	NEVADA	47	VERMONT
12	HAWAII	30	NEW HAMPSHIRE	49	VIRGINIA
13	IDAHO	31	NEW JERSEY	50	WASHINGTON
14	ILLINOIS	32	NEW MEXICO	51	WEST VIRGINIA
15	INDIANA	33	NEW YORK	52	WISCONSIN
16	IOWA	34	NORTH CAROLINA	53	WYOMING
17	KANSAS	35	NORTH DAKOTA		
18	KENTUCKY	36	OHIO		

[2] Medicare discharges are adjusted to account for the less-than-full (per diem) payment hospitals receive for cases transferred to another PPS hospital prior to reaching the geometric mean length of stay for the DRG. The adjustment is calculated by accounting for transfers in proportion to the total per diem payment relative to the full DRG amount, calculated as:

1 X (Length of stay prior to transfer plus one day ÷ Geometric Mean LOS),

where the result cannot exceed 1.

[3] In addition to transfers from one PPS hospital to another, Medicare discharges are adjusted to account for the implementation of section 4407 of the Balanced Budget Act, which requires Medicare to pay as transfers discharges from 10 DRGs to postacute care. In the case of seven of these DRGs (14, 113, 236, 263, 264, 429, and 483), transfers to postacute care are paid using the same methodology as transfers from one PPS hospital to another. For three DRGs (209, 210, and 211), payment is equal to half of what the case would get under the PPS to PPS transfer methodology, and half of what the case would be paid if it were paid as a normal discharge.

[4] The case-mix index is also adjusted to account for transfers occurring before the geometric mean length of stay. This adjustment is calculated as:

$$\frac{\text{Sum of (DRG Relative Weight X (Transfer Payment Amount} \div \text{Full DRG Payment Amount))}}{\text{Transfer adjusted number of Medicare discharges.}}$$